

SUMMARY FORM

COLLECTIVE BARGAINING AGREEMENT PUBLIC SECTOR / NON-POLICE & NON-FIRE

Section I: Agreement Details

Public Employer: Borough of Clayton County: Gloucester
Employee Organization: AFSCME Local 71 Employees in Unit: 14
Base Year Contract Term: 1/1/2008 12/31/2010 New Contract Term 1/1/2011 12/31/2013
Type of Settlement: ☐ Mediated Settlement ☐ Fact-Finder Recommendation ☒ Voluntary Settlement ☐ Super Conciliation

| | Column A Base Year - Total Costs (Last Year of Previous agreement) | Column B New Base Year - Total Costs (First Year of Successor agreement) |
|--|--|--|
| Section II: Economic | | |
| Item 1 Salary | \$568,799 | \$578,136 |
| Item 2 Increment | | |
| Item 3 Longevity | | |
| Item 4 * (Longevity was eliminated in | | |
| Item 5 2012. 2010 Longevity | | |
| Item 6 Amounts were rolled into | | |
| Item 7 2012 Base Salary.) | | |
| Item 8 | | |
| Item 9 | | |
| Item 10 | | |
| Item 11 | | |
| Item 12 | | |
| Any additional items list on separate sheet Additional Items | | |
| Section III: Totals - Sum of costs in each column | \$568,799 (Total) | \$578,136 (Total) |

Section IV: Analysis of new successor agreement

NEW AGREEMENT ANALYSIS

| | | | | |
|---|-----------|-----------|-----------|--|
| Total Base Year (previous agreement) | \$568,799 | | | |
| Effective Date (m/d/yyyy) | 1/1/2011 | 1/1/2012 | 1/1/2013 | |
| Percent Increase | 2.0% | 2.0% | 2.0% | |
| Total cost of increase .. | \$11,366 | \$30,641 | \$12,174 | |
| Total base salary (successor agreement) | \$578,136 | \$608,875 | \$620,849 | |

Section V: Impact of Settlement - average annual increase over term of agreement

Percentage Impact (average per year over term of agreement) 2.00
Dollar Impact (average per year over term of agreement) \$16,017.00


Section VI

(Health Insurance Indicate costs associated on each line)

| | Base Year | Year 1 | | | |
|------------------------------|-----------|-----------|--|--|--|
| Cost of Health Plan | \$253,882 | \$280,252 | | | |
| Employee Contributions | \$0 | \$8,615 | | | |
| Prescription | | | | | |
| Dental | | | | | |
| Vision | | | | | |

The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, s/he is subject to punishment.

Section VII

Prepared by: Donna Nestore Title: CFO
 Date: 10/3/2012
Signature